FAR

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Data Received

Date Received

APR - 1 2011

P	Please type or print in ink.	Human Resource Division	
N.	NAME OF FILER LORD (LAST) SAVO	(FIRST) (MIDDLE) MCKIM	
1	1. Office, Agency, or Court		
	Agency Name PEY2S		
		Sv. Parafolio Manage	
	▶ If filing for multiple positions, list below or on an attachment.	В	
	Agency:	Position:	
2.	2. Jurisdiction of Office (Check at least one box)		
	State	☐ Judge (Statewide Jurisdiction)	
	Multi-County	County of	
	City of	Other	
3.	B. Type of Statement (Check at least one box)		
	Annual: The period covered is January 1, 2010, through December 31, 2010.	Leaving Office: Date Left/(Check one)	
	The period covered is/, through December 31, 2010.	The period covered is January 1, 2010, through the date of leaving office.	
	Assuming Office: Date/	The period covered is/, through the date of leaving office.	
	Candidate: Election Year Office sought, if different	than Part 1:	
4.	. Schedule Summary		
	Check applicable schedules or "None." ▶ Total	number of pages including this cover page:	
	Schedule A-1 - Investments – schedule attached	chedule C - Income, Loans, & Business Positions - schedule attached	
	Schedule A-2 - Investments – schedule attached	chedule D - Income - Giffs - schedule attached	
	☐ Schedule B - Real Property – schedule attached ☐ Sc	chedule E - Income - Gifts - Travel Payments - schedule attached	
	None - No reportable interests on any schedule		
5.	. Verification		
	MAII ING ADDRESS STORET STORES		
	herein and in any attached schedules is true and complete. I acknow	o statement, and to the dest of the anomience the information commented	
	I certify under penalty of perjury under the laws of the State of C		
	Date Signed (month, day, year)		

SCHEDULE A-1 Investments

Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

	CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION	
Name Say	ar Con	

NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Savina Plus Program State of CA GENERAL DESCRIPTION OF BUSINESS ACTIVITY	
	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
401 (K) plan asset allocation find	,
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \times \$10,000	\$2,000 - \$10,000 \$10,001 - \$100,000
S100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT COMING LA COM	NATURE OF INVESTMENT Stock Other
Partnership O Income Received of \$0 - \$499	(Describe) Partnership (Income Received of \$0 - \$499
O Income Received of \$500 or More (Report on Schedule C)	O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
(6)	
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000	\$2,000 - \$10,000
	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other (Describe)	Stock Other (Describe)
Partnership O Income Received of \$0 - \$499	Partnership O Income Received of \$0 - \$499
O Income Received of \$500 or More (Report on Schedule C)	○ Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
	/
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
I	
FAIR MARKET VALUE	EAID MADVET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$2,000 - \$10,000
NATURE OF BUILDING	
NATURE OF INVESTMENT Stock Other	NATURE OF INVESTMENT Stock Other
(Describe)	(Describe)
Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
	1 12
//_10/10 ACQUIRED DISPOSED	/
	ACQUIRED DISPUSED
Comments:	